



Alamo Heights Junior School * Alamo Heights Independent School District

7607 N New Braunfels Ave San Antonio, TX 78209

Ph: (210) 824-3231 Fax: (210) 832- 5825

Course Request Change 2018-2019

ALL PARTS OF THIS FORM MUST BE COMPLETED FOR CHANGE REQUEST TO BE CONSIDERED.

Student's Name: _____ ID# _____

Current Grade level: _____

1. Parent(s) and students talked with the recommending teacher (current teacher) to discuss pros and cons of course placement.

- Date of conversation: _____

2. Due to our staffing procedures, all changes in course requests for the 2018-2019 school year, all course request changes must be made by **Wednesday, March 21, 2018.**

As parent(s) and student, we are requesting the following change:

Recommended Course

Change to:

Please check reason(s) for change:

_____ Course appears too difficult

_____ Not able to devote time to course

_____ Course appears too easy

_____ Other _____

Student Signature

Parent Signature

Teacher Signature

Date